

Revision: HCFA-PM-93-1 (BPO)  
January 1993

State/Territory: North Carolina

Citation  
Secs.

1902(a)(28)(D)(j)  
and 1919(e)(7) of  
the Act;  
P.L. 100-203  
(Sec. 4211(c));  
P.L. 101-508  
(Sec. 4801(b)).

4.39 Preadmission screening and Annual  
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 94-30

Supersedes \_\_\_\_\_

TN No. \_\_\_\_\_

Approval Date NOV 30 1994

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State/Territory: North Carolina

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

Revision: HCFA-PM-92-3 (HSQB)  
APRIL 1992

State Territory North Carolina

Citation	4.40	<u>Survey &amp; Certification Process</u>
Sections		
1919(g)(1)	(a)	The State assures that the
thru (2) and		requirements or 1919(g)(1)(A) through
1919(g)(4)		(C) and section 1919(q)(2) (A) through
thru (5) of		(E)(i.11) of the Act which relate to
the Act P.L.		the survey and (certification of non-
100-203		State owned facilities based an the
Sec.		requirements of section 1919(b), (c)
4212(a))		and (d) of the Act, are met.
1919(g)(1)	(b)	The State conducts periodic education
(B)(C) of the		programs for staff and residents(and
Act		their representatives). <u>Attachment</u>
		<u>4.40-A</u> describes the survey and
		certification educational program.
1919(g)(1)	(c)	The state provides for a process
(C) of the		receipt and timely review and
Act		investigation of allegations of
		neglect and abuse and misappropriation
		of resident property by a nurse aide
		of a resident in a nursing facility or
		by another individual used by the
		facility. <u>Attachment 4.40-B</u> describes
		the State's process.
1919(g)(1)	(d)	The State agency responsible for
(C) of the		surveys and certification of nursing
Act		facilities or an agency delegated by
		the State survey agency conducts the
		process for the receipt and timely
		review and investigation of
		allegations of neglect and abuse and
		misappropriation of resident property.
		if not the State survey agency, what
		agency?
1919(g)(1)	(e)	The State assures that a nurse aide,
(C) of the		found to have neglected or abused a
Act		resident or misappropriated resident
		property in a facility, is notified of
		the finding. The name and finding is
		placed on the nurse aide registry.
1919(g)(1)	(f)	The State notifies the appropriate
(C) of the		licensure authority of any licensed
Act		individual found to have neglected
		or abused a resident or
		misappropriated resident property in a
		facility.

TN No. 92-25  
Supersedes  
TN No. New

Approval Date AUG 27 1992

Effective Date 04-01-92  
HCFA ID: \_\_\_\_\_

Revision: HCFA-PM-92-3  
APRIL 1992

(HSQB)

OMB NO:

State/Territory: North Carolina

- 1919(g)(2)  
(A)(i) of  
the Act
- (g) The State has procedures, as provided for a section 1919(g) (2) (A) (i) , for the scheduling and conduct of standard surveys to assure that the State has taken all reasonable steps to avoid giving notice through the scheduling procedures and the conduct of the surveys themselves. Attachment 4.40-C describes the State, procedures
- 1919(g)(2)  
(A) (ii) of  
the Act
- (h) The State assures that each facility shall have a standard survey which includes (for a case-mix stratified sample of residents) a survey of the quality of care furnished, as measured by indicators of medical, nursing and rehabilitative care, dietary and nutritional services, activities and social participation, and sanitation, infection control, and the physical environment, written plans of care and audit of resident's assessments, and a review of compliance with resident's rights not later than 15 months after the date of the previous standard survey.
- 1919(g)(2)  
(A)(ii)(I)  
of the Act
- (i) The State assures that the Statewide average interval between standard surveys of nursing facilities does not exceed 12 months.
- 1919(g)(2)  
(A) (iii) (ii)  
of the Act
- (j) The state may conduct a special standard or special abbreviated standard survey within 2 months of any change of ownership, administration, management, or director of nursing of the nursing facility to determine whether the change has resulted in any decline in the quality of care furnished in the facility.
- 1919(g)(2)  
(B) of the  
Act
- (k) The State conducts extended surveys immediately or, if not practicable, not later than 2 weeks following a completed standard survey in a nursing facility which is found to have provided substandard care or in any other facility at the Secretary's or State's discretion.
- 1919(g)(2)  
(C) of the  
Act
- (l) The state conducts standard and extended surveys based upon a protocol, i.e., survey forms, methods, procedures and guidelines developed by HCFA, using individuals in the survey team who meet minimum qualifications established by the Secretary.

Revision: HCFA-PM-92- 3  
APRIL 1992

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OMB No:

State/Territory: North Carolina

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|--------------------------------------|-----|--|
| 1919(g)(2)<br>(D) of the<br>Act      | (m) | The State provides for programs to measure and reduce inconsistency in the application of survey results among surveyors. <u>Attachment 4.40-D</u> describes the State's programs.   |
| 1919(g)(2)<br>(E)(i) of<br>the Act   | (n) | The State uses a multidisciplinary team of professionals including a registered professional nurse.  |
| 1919(g)(2)<br>(E)(ii) of<br>the Act  | (o) | The State assures that member of a survey team do not serve (or have not serve within the previous two years) an a member of the staff or consultant to the nursing facility or has no personal or familial financial interest in the facility being surveyed.                         |
| 1919(g)(2)<br>(E)(iii) of<br>the Act | (P) | The State assures that no individual shall serve as a member of any survey team unless the individual has successfully completed a training and test program in survey and certification techniques approved by the Secretary.   |
| 1919(g)(4)<br>of the Act             | (q) | The State maintains procedures and adequate staff to investigate complaints of violations of requirements by nursing facilities and onsite monitoring. Attachment 4-40-E describes the State's complaint procedures.   |
| 1919(g)(5)<br>(A) of the<br>Act      | (r) | The State makes available to the public information respecting surveys and certification of nursing facilities including statements of deficiencies, plans of correction, copies of cost reports, statements of ownership and the information disclosed under section 1126 of the Act. |
| 1919(g)(5)<br>(B)(3) of the<br>Act   | (s) | The State notifies the State long-term care ombudsman of the State's finding of non-compliance with any of the requirements of subsection (b), (c), and (d) or of any adverse actions taken against a nursing facility.  |
| 1919(g)(5)<br>(C) of the<br>Act      | (t) | If the State finds substandard quality of care in a facility, the State notifies the attending physician of each resident with respect to which such finding is made and the nursing facility administrator licensing board.   |
| 1919(g)(5)<br>(D) of the<br>Act      | (u) | The State provides the state Medicaid fraud and abuse agency access to all information concerning survey and certification actions.  |

TN No. 92-25  
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TN No. New

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HCFA ID: \_\_\_\_\_

Revision: HCFA-PM-92-. 2 (HSQB)  
MARCH 1992

State/Territory: North Carolina

Citation 4.41 Resident Assessment for Nursing Facilities

Sections 1919(b)(3) and 1919(e)(5) of the Act (a) The State specifies the instrument to be used by nursing facilities for conducting a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity as required in §1919 (b)(3)(A) of the Act.

1919(e)(5) (A) of the Act (b) The State is using:

x the resident assessment instrument designated by the Health Care Financing Administration (see Transmittal 241 of the State Operations Manual) (§1919(e)(5) (A)]; or

1919(e)(5) (B) of the Act

— a resident assessment instrument that the Secretary has approved as being consistent with the minimum data set of core elements, common definitions, and utilization guidelines as specified by the Secretary (see Section 4470 of the State Medicaid manual for the Secretary's approval criteria) [§1919 (e)(5)(B) ] .

TN No. 92-29

Supersedes

TN No. NEW

Approval Date DEC 30 1992

Effective Date 10/1/92

HCFA ID:

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

## SECTION 5 PERSONNEL ADMINISTRATION

### Citation                      5.1 Standards of Personnel Administration

42 CFR 432.10(a)

AT-78-90

AT-79-23

AT-80-34

(a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

x The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

#### (b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

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TN #77-17

Supersedes

TN #

Approval Date 10/6/77

Effective Date 9/30/77

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

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5.2 [Reserved]

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TN # \_\_\_\_\_  
Supersedes  
TN # \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

Citation  
42 CFR Part 432,  
Subpart B  
AT-78-90

5.3 Training Programs; Subprofessional and  
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

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TN #78-2

Supersedes

TN #

Approval Date 3/7/78

Effective Date 2/27/78

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

SECTION 6 FINANCIAL ADMINISTRATION

Citation  
42 CFR 433.32  
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

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TN # 76-20  
Supersedes  
TN #           

Approval Date 6/24/76

Effective Date 6/30/76

Revision: HCFA-AT-82-10 (BPP)

State North Carolina

Citation

42 CFR 433.34

47 FR 17490

6.2 Cost Allocation

There is an approved cost allocation plan on file with the Department in accordance with the requirements contained in 45 CFR Part 95, Subpart E.

TN # 82-10

Supersedes

TN # 76-20

Approval Date 8/23/82 Effective Date 5/24/82

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

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Citation  
42 CFR 433.33  
AT-79-29  
AT-80-34

6.3 State Financial Participation

- (a) State funds are used in both assistance and administration.

\_\_\_\_\_ State funds are used to pay all of non-Federal share of total expenditures under the plan.

x There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

- (b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

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TN #76-20  
Supersedes  
TN # \_\_\_\_\_

Approval Date 6/24/76

Effective Date 6/30/76

Revision: HCFA-PM-91- 4 (BPD) OMB No. 0938-  
AUGUST 1991

State/Territory: North Carolina

SECTION 7 - GENERAL PROVISIONS

Citation

7.1 Plan Amendments

42 CFR 430.12(c)

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in State law, organization, policy or State agency operation.

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TN No. 92-01  
Supersedes  
TN No. 78-11

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No. 0938

State/Territory: North Carolina

Citation

7.2 Nondiscrimination

45 CFR Parts  
80 and 84

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subject to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A

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TN No. 92-01  
Supersedes  
TN No. 79-9

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: \_\_\_\_\_

Citation            7.3    Maintenance of AFDC Efforts

1902 (c) of the Act    \_\_\_\_    The State agency has in effect under its approved AFDC plan payment levels that are equal to or more than the AFDC payment levels in effect on May 1, 1988.

TN #00-03  
Supersedes  
TN #78-11

Approval Date Aug 02 2000    Effective Date 04/01/00

HCFA ID: 7982E

Revision: HCFA-PH-91-4 (BPD)  
August 1991

OMB No. 0938

State/Territory: North Carolina

Citation

7.4 State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

       Not applicable. The Governor--

       Does not wish to review any plan material.

       Wishes to review only the plan materials specified in the enclosed document.

  X   Review is not required in accordance with 42 CFR 430.12(b).

I hereby certify that I am authorized to submit this plan on behalf of

The Department of Health and Human Services

(Designated Single State Agency)

Date: March 24, 2000

  
(Signature)

H. David Bruton, M.D., Secretary  
(Title)

TN No. 00-03  
Supersedes  
TN No. 94-22

Approval Date Aug 02 2000

Eff. Date 04/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of North Carolina

ATTORNEY GENERAL'S CERTIFICATION

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I certify that:

Department of Health and Human Services

is the single State agency responsible for:

\_\_\_ administering the plan.

The legal authority under which the agency administers  
the plan on a Statewide basis is

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(Statutory citation)

X supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises  
the administration of the plan on a Statewide basis is contained in

General Statutes 108A-25, 108A-54, 108A-54, 108A-56

(Statutory citation)

The agency's legal authority to make rules and regulations  
that are binding on the political subdivisions administering  
the plan is

General Statutes 108A-25 (b); 108A-54; 108A-70.5

(Statutory citation)

March 17, 2000

DATE

Gayl Manthei

Gayl Manthei  
Special Deputy Attorney General  
NC Department of Justice

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TN No. 00-03

Approval Date Aug 02 2000

Eff. Date 04/01/00

Supersedes

TN NO. 73-45